PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TDANSMITTAI	o, no person	Application Number	lection of information unless it displays a valid OMB control number 10/611,391		
TRANSMITTAL		Filing Date	July 1, 2003		
FORM		First Named Inventor	Hickey et al.		
		Art Unit	3611		
(to be used for all correspondence after initial filing)		Examiner Name	Brian Green		
Total Number of Pages in This Submission	14	Attorney Docket Number	100041-41143		

FNCLOSURES (Check all that apply)						
Amendm  A  A	smittal Form ee Attached ent/Reply fter Final ffidavits/declaration(s) n of Time Request		vert to a blication ney, Revocation respondence Address	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):		
Certified Documer Reply to Incomple	Abandonment Request on Disclosure Statement Copy of Priority ht(s) Missing Parts/ te Application eply to Missing Parts nder 37 CFR 1.52 or 1.53	Remarks The Commissioner	CD(s) e Table on CD is hereby authorized to cor any extension of time	Return Postcard Check \$600		
	SIGNA	TURE OF APPLICA	NT, ATTORNEY, C	OR AGENT		
Firm Name Signature	Thompson Hine LLP 2000 Courthouse Plaz	a N.E., 10 West Seco	nd Street, Dayton, Ohi	o 45402-1758		
Printed name	Steven J. Elleman					
Date	16/3/05		Reg. No.	41,733		
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with						

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04)

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Effective on 12/08/2004.
ees pustiant to the Consolidated Appropriations Act. 2005 (H.R. 4818).
FEE TRANSMITTAL

For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 600.00

Under the Pa

Complete if Known				
Application Number	10/611,391			
Filing Date	07/01/2003			
First Named Inventor	Hickey et al.			
Examiner Name	Brian Green			
Art Unit	3611			
Attorney Docket No.	100041-41143			

METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 20-0809  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
For the above-ider	ntified deposit	account, the Dir	ector is hereby	authorized t	to: (check all th	at apply)			
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information and authorization	on on PTO-2038	•							
FEE CALCULATION									
1. BASIC FILING, SEA									
	FILING	rees Small Entity		SEARCH FEES Small Entity		TION FEES			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fees Pai</u>	<u>d (\$)</u>	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FE	ES							mall Entity	
Fee Description Each claim over 20 or,	for Deigovog	aaab alaim a	20 amd	4l :	مالم المسائمات	44	<u>Fee (\$)</u> 50	Fee (\$) 25	
Each claim over 20 or, Each independent claim								100	
Multiple dependent clair		or recissues, e	ion macpene	ciit Ciaiiii ii	nore than in t	ne original pate	360	180	
Total Claims 2	Extra Claim	s <u>Fee (\$)</u>	Fee Pai	d (\$)	Multiple De	ependent Claims			
		x <u>50</u>	_ = 400		Fee (\$)	<u>Fee Pai</u>	d (\$)		
HP = highest number of tota Indep. Claims	al claims paid for Extra Claim	. •		4 (6)					
	1	x 200	<u>Fee Paid</u> = 200	7 (2)					
HP = highest number of inde	ependent claims								
	3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)									
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets									
4. OTHER FEE(S)  Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other:		,							

SUBMITTED BY

Signature

Registration No. 41,733

Telephone 937.443.6838

Name (Print/Type) Steven J. Elleman

Date 10/3/05

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 $\begin{array}{ccc}
 & 41,733 \\
 & \text{Reg. No.}
\end{array}$ 

**PATENT** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## Application of

Applicant Serial No.

Hickey et al. 10/611,391

Filed:

July 1, 2003

Title :

MOUSEPAD CALENDAR

Docket

100041-41143

Examiner

Brian Green

Art Unit :

3611

Commissioner for Patents

P. O. Box 1450

Alexandria, VA 22313-1450

Sir:

## AMENDMENT AFTER FINAL REJECTION

In response to the Office action mailed on August 26, 2005, please amend this application as follows:

10/07/2005 HDESTA1 00000043 10611391

01 FC:1201 02 FC:1202 200.00 OP